

KDHE REGISTRATION FOR KANSAS DRYCLEANING FACILITIES (2006)



Please return completed form to:
Kansas Department of Health and Environment - BER
Assessment & Restoration Section
1000 SW Jackson, Suite 410
Topeka, KS 66612-1367

State Use Only
Registration Number:
Date Received:

INSTRUCTIONS

Please type or print in ink all items except "signature" in Section 6. This form must be completed for each drycleaning facility which uses drycleaning solvents. ALL LINE ITEMS MUST BE FILLED IN OR FORM WILL BE RETURNED, DELAYING APPLICATION. If an item does not apply, write "NA".

1. LOCATION OF FACILITY	2. REAL PROPERTY OWNER
Facility Name	Name
Street Address	Street Address
City State Zip	City State Zip
(Area Code) Phone Number	(Area Code) Phone Number
Contact Name Title	Contact Name Phone Number

3. OWNER OF FACILITY/EQUIPMENT	4 TYPE OF OWNER (Mark all that apply)
Owner Name or Company Site Identifier, as applicable	_____ Consortium
Contact Person	_____ Corporation
Street Address or County Rd., as applicable	_____ Individual
City State Zip	_____ Joint-stock Company
(Area Code) Phone Number	_____ Joint Venture
Retailer Sales Tax Number	_____ Ownership Uncertain
	_____ Other
	Federal Employers Identification Number (FEIN) _____

5. CERTIFICATION (Read and sign after completing applicable Sections on page 2 and any accompanying forms.)

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents, and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete.

Signature of Owner _____ Date _____

PRINT name of Owner _____

6. DESCRIPTION OF DRYCLEANING MACHINES AND FACILITY (Complete for each machine currently at this location.)				
Drycleaning machine identification number or arbitrarily assigned sequential number (1,2,3...)	Machine No.	Machine No.	Machine No.	Machine No.
a. Installation date of drycleaning machine(s) in use. _____				
b. List solvent type used by each machine. _____				
c. Are any machines "permanently out of use at this facility" (Indicate Y or N) _____				
d. Are machines "permanently out of use" drained of all dry cleaning solvents? (Indicate Y or N) _____				
7. SOLVENT PURCHASE, USE, DELIVERY, STORAGE, AND DISPOSAL				
a. From whom do you purchase solvent? (Name-City) _____				
b. Check type of solvents currently used: Perc _____ Petroleum Naphtha _____ Petroleum Naphtha _____ Rynex _____ Green Earth _____ CO2 _____ Other ____ (Specify) _____				
c. What is your average annual usage in Gallons? Perc _____ Petroleum Naphtha _____ Petroleum Naphtha _____ Rynex _____ Green Earth _____ CO2 _____ Other _____				
d. Are virgin (new) solvents stored in containers other than the drycleaning machine?			YES - NO - NA	
e. Are chlorinated drycleaning solvents delivered to the facility by means of a closed, direct-coupled delivery system?			YES - NO	
f. Are PCE solvent wastes (muck, filters, etc.) stored in sealed containers?			YES - NO - NA	
g. If separator water is generated, how is it disposed of? Heated Evaporation Unit _____ Sanitary Sewer _____ Other: _____ Licensed Waste Hauler _____ Sanitary Landfill _____ (Specify) _____ Misting Unit _____ Storm Sewer _____				
8. ADDITIONAL INFORMATION				
a. Are you a dry cleaning facility for other retailers? YES -NO If yes, please list them, attaching a continuation sheet if necessary.				
Facility Name 1	Address	City	State	ZIP Phone Number
2				

If you would like to apply to the Drycleaning Facility Release Trust Fund for site prioritization, please contact KDHE at (785) 296-6370. Copies of this registration form, the prioritization application form and additional information of the Drycleaning Facility Release Trust Fund are available on KDHE Website at :<http://www.kdheks.gov/dryclean>